

OFFICER'S BATTERY REPORT
CHICAGO POLICE DEPARTMENT

RD NO **JA159008**

INSTRUCTIONS: This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

"X APPLICABLE BOXES"

OFFICER INFORMATION

NAME (LAST - FIRST - M.I.)
ANGEL, SAMUEL

STAR NO. **16501** POSITION **POLICE OFFICER**

DATE OF APPOINTMENT **27-MAY-2014** EMPLOYEE NO. **[REDACTED]**

UNIT OF ASSIGNMENT **003** BEAT/CALL NO. **0306B**

SEX 1. M 2. F RACE **WHITE HISPANIC** DOB **[REDACTED]**

HEIGHT **507** WEIGHT **220**

TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED

1. ON DUTY
 A. UNIFORM, PATROL DUTY
 B. UNIFORM, OTHER DUTY
 Describe _____
- C. CITIZEN'S DRESS
 D. TACTICAL
 E. B.I.S. UNIT
 F. SPECIAL EMPLOYMENT
 G. OTHER _____
2. OFF DUTY
 3. SPECIAL EMPLOYMENT
 4. SECONDARY / OTHER

TYPE OF ACTIVITY

- A. AMBUSH - NO WARNING
 B. TRAFFIC STOP/PURSUIT
 C. INVESTIGATING SUSPICIOUS PERSON
 D. DISTURBANCE - DOMESTIC
 E. DISTURBANCE - MENTAL PATIENT
 F. DISTURBANCE - RIOT/MOB ACTION/CIVIL DISORDER
 G. DISTURBANCE - OTHER
 H. MAN WITH A GUN
 I. PURSUING/ARRESTING OFFENDER (Specify)

CHARGE _____ IUCR CODE _____

J. PROCESSING/TRANSPORTING/GUARDING A PRISONER (Specify)
ORIGINAL CHARGE _____ ORIGINAL IUCR CODE _____

K. OTHER

TYPE OF INJURY TO OFFICER

- A. FATAL
 B. NON-FATAL - MAJOR INJURY (Broken Bones/Serious Lacerations/
Internal Injuries)
 C. NON-FATAL - MINOR INJURY (Bruises/Swelling/Minor Abrasions)
 D. NONE APPARENT/NONE

LIGHTING CONDITIONS AT INCIDENT

- A. DAYLIGHT D. DUSK
 B. NIGHT E. ARTIFICIAL LIGHT
 C. DAWN 1. POOR
 2. GOOD

INCIDENT INFORMATION

1. INDOOR 2. OUTDOOR

ADDRESS OF OCCURRENCE

425 E 63RD ST

CITY CHICAGO STATE (if outside Chicago)

LOCATION CODE **304-STREET** BEAT OF OCCURRENCE **0312**

DATE OF OCCURRENCE **18-FEB-2017** TIME **21:01:00** DAY OF WEEK **SATURDAY**

NO. OF OFFICERS BATTERED **2**

WERE THERE ASSISTING UNITS ON SCENE? 1. YES 2. NO

IF YES HOW MANY ASSISTING OFFICERS WERE PRESENT AT TIME BATTERY (EXCLUDING YOU OR YOUR PARTNERS)? **2**

MANNER OF ATTACK

01. SHOT
 02. SHOT AT
 03. STABBED/CUT (INCLUDING ACTUAL ATTEMPT)
 04. STRUCK/BLUNT FORCE (INCLUDING ACTUAL ATTEMPT)
 05. OTHER (INCLUDING VERBAL THREATS)

TYPE OF WEAPON/THREAT

- (Check all that apply):
- | | |
|---|--|
| <input type="checkbox"/> A. FIREARM CALIBER | <input checked="" type="checkbox"/> D. HANDS/FISTS |
| <hr/> | |
| <input type="checkbox"/> 1. REVOLVER | <input type="checkbox"/> E. FEET |
| <input type="checkbox"/> 2. SEMI-AUTOMATIC | <input type="checkbox"/> F. MOUTH (SPIT, BITE, ETC.) |
| <input type="checkbox"/> 3. RIFLE | <input checked="" type="checkbox"/> G. VERBAL THREAT (ASSAULT) |
| <input type="checkbox"/> 4. SHOTGUN | <input type="checkbox"/> H. OTHER (SPECIFY) _____ |

B. VEHICLE

1. OFFICER STRUCK WITH VEHICLE
 2. ATTEMPTED TO STRIKE OFFICER WITH VEHICLE

C. KNIFE/OTHER CUTTING INSTRUMENT I. BLUNT INSTRUMENT

FIREARM USE INFORMATION (Check all that apply):

- A. OFFICER AT GUNPOINT
 B. OFFICER'S OWN WEAPON OBTAINED
 C. ATTEMPTED TO OBTAIN OFFICER'S OWN WEAPON

OFFENDER INFORMATION

SEX 1. M 2. F RACE **BLACK** DOB **05-AUG-1973**

CB NO. **19439768** IR NO. _____

WAS THE OFFENDER'S ACTIVITY:

DRUG RELATED?

1. YES 2. NO 3. UNKNOWN **LOG#** YES 2. NO 3. UNKNOWN

NO. OF OFFENDERS PRESENT? **1**

WEATHER CONDITIONS **B**

- A. CLEAR D. FOG / SMOKE / HAZE G. OTHER
 B. RAIN E. SLEET / HAIL
 C. SNOW F. SEVERE CROSS WIND

APPROXIMATE OUTDOOR TEMPERATURE: **45 °F**

Unusual Circumstances Regarding Officer Control Tactics and Safety: (If you need more space use additional sheets).

REPORTING MEMBER - SIGNATURE
ANGEL, SAMUEL

STAR NO.
16501

WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE STAR NO.
OCONNOR, DANIEL J

795